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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: E & P Hendricks, Inc.					
DOCUMENT NUMBER: P02000079702					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:			
	Bruce R. Abernethy, Jr.				
		Name of Contact Person	n		
	Bruce R. Abernethy, Jr., P.A.				
	<u> </u>	Firm/ Company			
	130 S. Indian River Drive, Si	` .	•		
		Address			
	Fort Pierce, FL 34950				
		City/ State and Zip Cod	e		
	babernethy@abernethylawgr	oup.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call: Bruce R. Abernethy, Jr. 772 489-4901					
Name	of Contact Person	at (<u>772</u> Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 2415 !	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

to

E & P Hendricks, Inc.			
(<u>Name of Corporatio</u>	n as currentl	y filed with the Florida De	pt. of <u>State</u>)
P02000079702			
(Docume	ent Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this i	Florida Profit Corporation	adopts the following amendment(
A. If amending name, enter the new name of the cor	rporation:		
-			T1
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co" A		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)			
······································	, , , , , , , , , , , , , , , , , , ,		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	Ú		
			<i>c</i> .1
 If amending the registered agent and/or registered new registered agent and/or the new registered or 			ame of the
Name of New Registered Agent			
want ty her hegistered ligent		······································	
	(Florida stre	vet address)	
V D : 1022 (11	`		171
New Registered Office Address:	 ,	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I			ons of the vosition.
	,		···· y ···· y
· · · · · · · · · · · · · · · · · · ·	tima of Mac. B.	gistered Agent, if changing	
Signat	are of New Re	зыменчи мусни, у спануту	
Check if applicable			

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Đ	Edward W. Hendricks	1701 SW Capri Street
Add			Apt. 262
X Remove			Palm City, FL 34990
2) X Change	PT, D	Patricia D. Hendricks	1701 SW Capri Street
Add			Apt. 262
Remove 3) Change			Palm City, FL 34990
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	· · · · · · · · · · · · · · · · · · ·
	-
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(у пот арупсате, такае вул)	
	
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date tins document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	tel
	ino more than 50 mags typer unicrament file an	α,
Note: If the date inserted in this hidocument's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the a fficient for approval.	imendment(s)
• • • • • • • • • • • • • • • • • • • •	roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	= :
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	•	
	(voting group)	
selecte	Lug 20 2022 Mendricks rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary)	
	Patricia D. Hendricks Patricia D. Hendr (Typed or printed name of person signing)	icKs
	President President	
	(Title of person signing)	